

Endoscopy (APCs 140 - 147)

It appears that these APCs might appear to violate the two-times rule are a result of incorporation of device costs. Until we have post OPPS data, CMS recommends making no changes.

Emergency and Clinic Visits (APCs 610, 611, 612)

After reviewing comments for developing guidelines to be used in determining facility payment rates, CMS has developed options for Emergency Department and Clinic visits. These options propose guidelines using staff interventions, time and/or point systems to correlate resource utilization, and consumption with payment rates.

The intent of the options is to provide consistency in coding across hospitals, to accurately reflect the resources utilized, to assure that appropriate staff skill levels are utilized, and to facilitate appropriate utilization of diagnostic and therapeutic interventions in these settings.

Eye Procedures (APCs 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 247, 248, 698, 699)

These APCs are on the agenda because APCs 233, 234, 237, and 247 might appear to violate the two-times rule. Additionally, CMS staff noted that several procedures were assigned to incorrect APCs. The option presented makes the APCs more clinically coherent and rectifies several of the two-times violations. Other two-times violations resulted from incorporation of device costs into the APCs.

The following changes were made:

- 1. Codes 65260 and 67218 were moved from APC 237 to APC 236**
- 2. A new APC (Level IV Posterior Segment Eye Procedures) was created with codes 67107, 67112, 67040, and 67108 from APC 237**
- 3. Codes 67145, 67105, and 67210 were moved from APC 247 to APC 248**
- 4. Code 66999 was moved from APC 247 to APC 232**
- 5. Code 67299 was moved from APC 248 to APC 235**
- 6. Codes 65855, 66761, and 66821 were moved from APC 248 to APC 247**
- 7. Code 67820 was moved from APC 698 to APC 230**
- 8. Code 67208 was moved from APC 231 to APC 235**
- 9. Codes 92226, 92284, 65205, and 92140 were moved from APC 231 to APC 698**
- 10. Code 92235 was moved from APC 231 to APC 699**
- 11. Code 68100 was moved from APC 233 to APC 232**
- 12. Code 65810 was moved from APC 233 to APC 234**
- 13. A new APC (Level IV Anterior Segment Eye Procedures) was created with codes 66172, 66185, 66180, and 66225 from APC 234**

14. Code 92275 was moved from APC 216 to APC 231

Cannula/Access Device Procedures (APC 115)

It appears that anomalous data might have caused this APC to violate the two-times rule. CMS recommends no changes until post OPPS data is available.

Angiography & Venography (APCs 279, 280)

These APCs are on the agenda because APC 279 might appear to violate the two-times rule and because of the variety of procedures (including add-on procedures) within each APC. After review of these APCs, CMS staff recommends no changes in these APCs until post OPPS data is available. CMS believes that the violation of the two-times rule in APC 279, caused by HCPCS code 75660, is the result of anomalous data. Placing 75660 in an APC with lower payment could result in under payment for this procedure.

Pulmonary Treatment (APCs 77, 78)

CMS staff recommends no changes until post OPPS data is available. The probability that these APCs might appear to violate the two-times rule is minimal.

Insertion of Penile Prosthesis (APCs 179, 180)

Incorporation of device costs in the APCs might appear to violate the two-times rule. CMS recommends no changes until post OPPS data is available.

Nerve Injections (APCs 203, 204, 206, 207)

These APCs reflect previous panel recommendations. CMS recommends no further changes until post OPPS data is available.

Nerve and Muscle Tests (APCs 215, 216, 218)

These APCs are on the agenda because APC 215 might appear to violate the two-times rule.

CMS staff proposes the following option:

Move HCPCS #95858, 95921, 95872, & 95922 from APC 215 to 218;

Move HCPCS 95930 from APC 216 to 218;
Move HCPCS 92275 from APC 216 to 231; and
Move HCPCS 95920 from APC 218 to 216.

Despite the fact that APCs 215 & 218 might appear to continue to violate the two-time rule, these changes create a more clinically coherent APC and minimize incentives to perform unnecessary testing.

Please note that 92275 is an ophthalmologic test and should not have been placed in this group of APCs.

Diagnostic Ultrasound (APCs 96, 265, 266, 267, 269, 270)

These APCs are on the agenda at the request of the Society of Diagnostic Registered Vascular Technicians (SDRVT). The option appearing in this tab is the SDRVT's proposal for reordering these APCs. They do not think the current APC structure reflects similarities of resource utilization so they proposed four levels of APCs for Diagnostic Ultrasound based upon what they believe to be similarities in resource utilization. The current APC structure might appear to contain one violation of the two-times rule which results in increased payments for sonographic bone density studies. The proposed APC structure might appear to contain several violations of the two-times rule and result in the creation of several APCs containing only one or two HCPCS codes. CMS staff recommends that the current APC structure be retained until more OPPS data is available. The proposal is not supported by our cost data.

Closed Treatment Fracture/Dislocation Except Finger (APCs 43, 44)

CMS recommends no changes until post OPPS data is available. Most procedures in this APC are of low volume.

Strapping and Cast Application (APCs 58, 59)

Previous panel recommendation was to educate facilities on appropriate coding of these services. We recommend no changes at this time.

Otorhinolaryngologic Function Tests (APC 363)

This APC is on the agenda because it might appear to violate the two-times rule. CMS staff recommends that this APC remain unchanged until additional claims information is available.

However, CMS staff believes that HCPCS 92543, Caloric Vestibular Test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording should be moved to the inpatient only list. CMS staff believes this code is being erroneously used for ear irrigation. We cite the CPT Assistant for May 1996 in support of this belief.

Therapeutic Radiological Procedures (APCs 296, 297) and Miscellaneous Radiology Procedures (APCs 263, 264)

These APCs are on the agenda because APCs 296, 263, and 264 might appear to violate the two-times rule.

CMS staff identified 3 options that rectify the two-times rule violations and result in APCs which are clinically similar.

Option 14A: Creates a new APC (Level III Therapeutic Radiology Procedures) with HCPCS # 75984 (from APC 296) & 74475 (from APC 297) moves HCPCS # 76101, 70390 & 71060 from APC 263 to 264; and moves HCPCS # 75980 from APC 297 to 296.

Option 14B: Moves HCPCS # 76101, 70390 & 71060 (from APC 263) & HCPCS #75984 (from APC 296) to 264; and moves HCPCS #75980 from APC 297 to 296.

Option 14C: Creates a new APC (Level III Miscellaneous Radiology Procedures) with HCPCS # 76080, 70373, 70170, 76101, 70390, 74190 & 71060 from APC 263; moves HCPCS # 74327 from APC 296 to 263; APC 264 remains unchanged; and moves HCPCS # 75980 from APC 297 to 296

Excision/Biopsy (APCs 19 – 22; 694)

CMS recommends no changes until post OPPS data are available.

ENT Procedures (APCs 251 – 254; 256)

These APCs are on the agenda because APC 251 might appear to violate the two-times rule. These APCs contain a large number of clinically dissimilar services with similar resource consumption. CMS staff has not identified a proposal that improves the current structure. Therefore, CMS recommends no changes until post OPPS data are available.

Vascular Repair/Fistula Construction (APC 93)

CMS recommends no changes until post OPPS data is available.

Skin Repair (APCs 24 – 27; 686)

CMS recommends no changes until post OPPS data is available.

Myelography (APC 274)

CMS recommends no changes until post OPPS data is available.

Anal/Rectal Procedure (APCs 148 – 150)

CMS recommends no changes until post OPPS data is available.

Bone Marrow Harvesting and Bone Marrow/Stem Cell Transplant (APCs 110 – 113)

CMS recommends no changes until post OPPS data is available.